

NOV 19 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Montgomery
Township Russell
City St. Louis (No. 2)Registration District No. 5-31
Primary Registration District No. 5-718File No. 38165
Registered No. 1
St. 1 Ward 12. FULL NAME George Purvis Hughes(a) Residence, No. 1 St. 1 Ward 1
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Jane Hughes
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12, 1866
7. AGE YEARS 70 MONTHS August DAYS 28 If LESS than 1 day, hrs. or min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. —
10. Date deceased last worked at this occupation (month and year) — 11. Total time (years) spent in this occupation —12. BIRTHPLACE (CITY OR TOWN) New Cambria mo
(STATE OR COUNTRY)FATHER 13. NAME Wm H Hughes14. BIRTHPLACE (CITY OR TOWN) Coedawgweission
(STATE OR COUNTRY) North WalesMOTHER 15. MAIDEN NAME Joanna P Trotter16. BIRTHPLACE (CITY OR TOWN) New York City
(STATE OR COUNTRY)17. INFORMANT Margaret J Phillips
(ADDRESS)18. BURIAL, CREMATION, OR REMOVAL Cemetery
PLACE New Cambria DATE July 12, 193719. UNDERTAKER J. E. Collier
(ADDRESS) New Cambria mo20. FILED Aug 12, 1937 J. A. Shucklett
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10, 193722. I HEREBY CERTIFY That I attended deceased from July 10, 1937 to July 10, 1937I last saw him alive on July 10, 1937 Death is said to have occurred on the date stated above, at 7 P. m.

The principal cause of death and related causes of importance were as follows:

Acute Myocarditis Date of onset July 15, 1937Other contributory causes of importance: 930Name of operation None Date of —
What test confirmed diagnosis? Observed Was there an autopsy? Yes23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Natural Date of injury —, 19 —Where did injury occur? —
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury —
Nature of injury —24. Was disease or injury in any way related to occupation of deceased? YesIf so, specify Obdurate Coronary M. D.
(Signed) —
(Address) New Cambria mo

